

OGARD



LA County Consolidated Correctional Treatment Facility

HealthManagement.com



The Team

- Health Management Associates
 - Linda Follenweider MS, CNP
 - Jack Raba MD
 - Gina Eckart MS LMHC
 - Jeff Ring PhD
 - Donna Strugar-Fritsch RN
 - Anissa Lambertino PhD
- Pulitzer Bogard Associates
 - Curtiss Pulitzer RA
 - Judith Regina-Whiteley MS, CNP
 - Patrick Jablonski PhD



Deliverables

Legislative Impact on Population

The likely impacts to the Los Angeles County jail population of Proposition 47, AB 1468 (split sentencing), AB 624 (enhanced credit system) and inmate population projections over the next several years, including projections for those with Mental Health disorders.

CCTF Population Analysis and findings

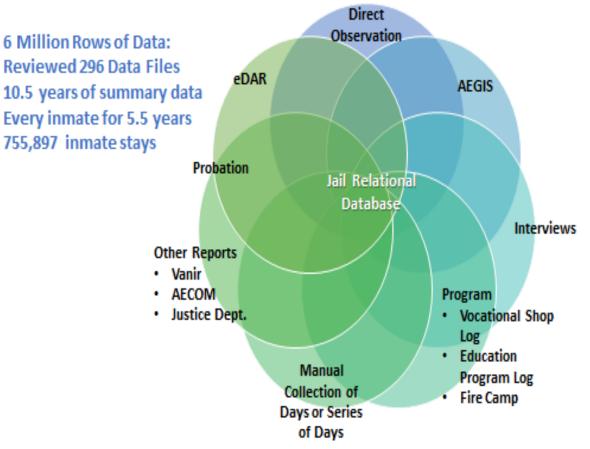
The actual number of treatment beds required at the proposed Consolidated Correctional Treatment Facility that will replace Men's Central Jail.

Community Capacity and Diversion

A capacity assessment of all community based alternative options for treatment, including but not limited to Mental Health and Substance Abuse Treatment. An assessment on the number of inmates that can be successfully placed into an outside facility (community based) for Mental Health/Substance Abuse Treatment;



L.A. County Relational Database





Data Challenges

- All data sources are not equal for analysis so assumptions had to be made
- Mental and/or physical health acuity markers are not available in data sets
- Snapshots of data were used to make some assumptions for trends which impacts generalizability
- Some data not available so data inferences were applied (detox)
- We had to create a database where one did not exist in an expedited timeline
- Substance abuse data was very limited



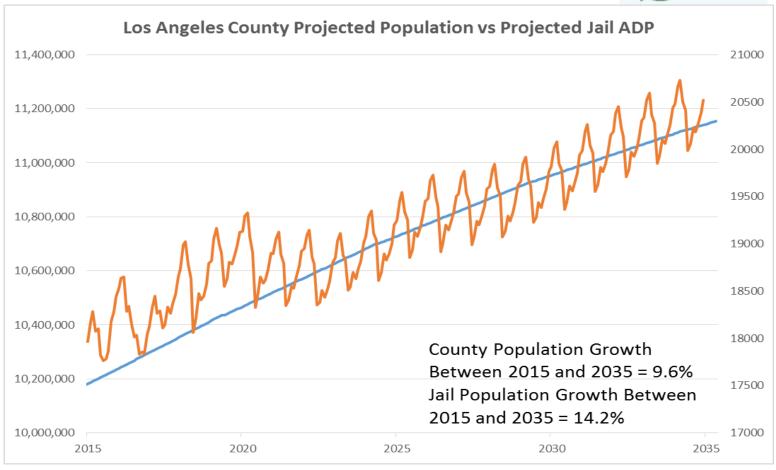
LEGISLATIVE IMPACT ON POPULATION



Legislative Impact on LASD

- Inmate Population Forecast
- Prop 47
- Split sentence AB1468
- Earned Credit AB624
- AB 109

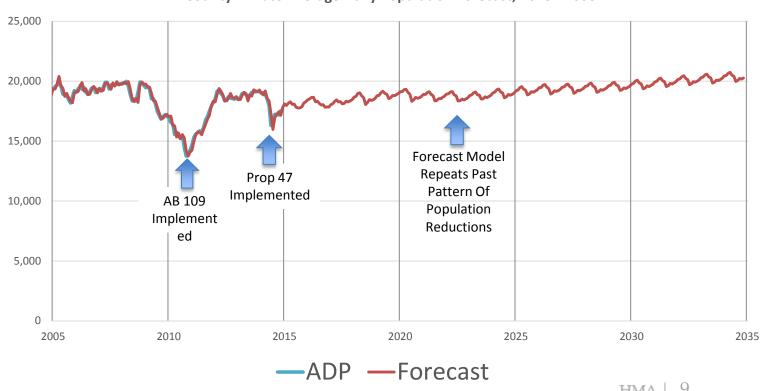






LA County Jail Population Forecast

LA County Inmate Average Daily Population Forecast, 2015 - 2035





LA County Jail Population Forecast

Month	Non AB109	AB 109	Base Projection	Peaking (6.1%)	Classification (6.4%)	Bed Need
July 2015	14,965	3,000	17,965	1,096	1,150	20,211
July 2020	16,112	3,016	19,128	1,167	1,224	21,519
July 2025	16,432	2,768	19,199	1,171	1,229	21,599
July 2030	16,509	3,259	19,768	1,206	1,265	22,239
July 2035	16,664	3,855	20,519	1,252	1,313	23,084



Bed Need Projections by Initiative

Month	Projected Bed Need	Projected Bed Need With No Prop 47	Estimated Bed Need With No AB624
July 2015	20,211	23,364	20,379
July 2020	21,519	24,836	21,687
July 2025	21,599	24,730	21,767
July 2030	22,239	24,341	22,407
July 2035	23,084	24,719	23,252

- The impact of AB1468, although positive, is limited due to the relatively small percentage of all felony sentences that are split sentences.
- The actual impact on the jail population could not be calculated with available data.



CCTF POPULATION ANALYSIS AND FINDINGS



Why is healthcare important in a jail?

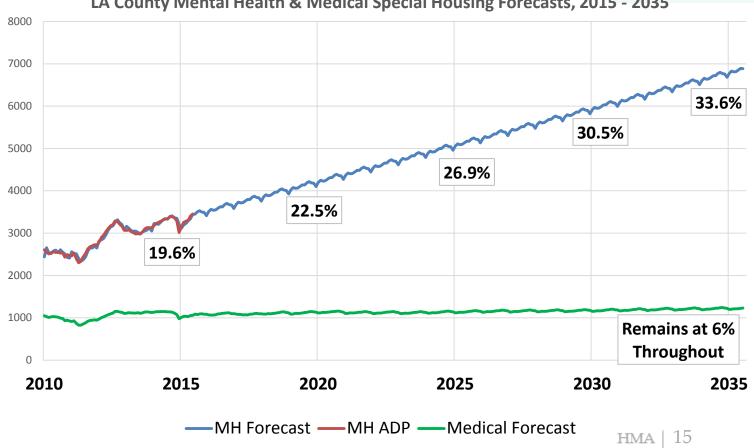
- 90% of people incarcerated will return to their community
- People enter jail sick and at risk
- Continuum of care includes jail services
- "No wrong door"
- Stable return to community
 - Healthier communities
 - Positive impact on recidivism

Some Key Initial Findings

- Jail observation units house acute and severely mentally ill inmates that should be in a high acuity inpatient level bed. (Insufficient beds)
- Receiving areas where inmates enter the facility are inadequate for screening by clinical staff and do not support expanded services and assessments
- Current correctional and medical IT systems do not share information or inform each other
- There is insufficient ADA accessible housing



LA County Mental Health & Medical Special Housing Forecasts, 2015 - 2035

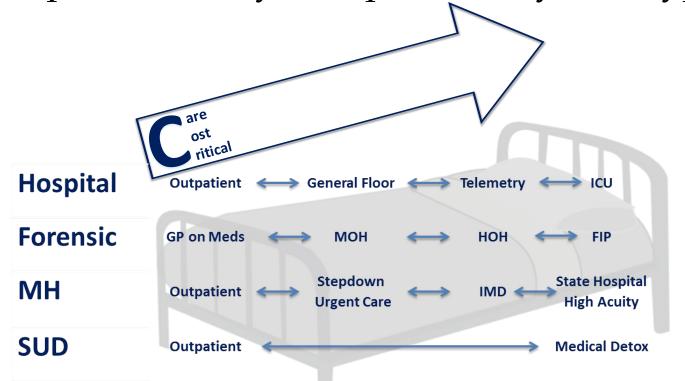


Mental Health Population by COMPAS Classification Level

	Low Security			Medium Security		High Security					
Security Level	1	2	3	4	5	6	7	8	9	Unk	Total
Totals	8	49	74	388	108	681	1178	527	41	1	
Cumulative Total	519				1967	7	56	58		3055	

- COMPAS is a validated classification tool to assist in assigning safe housing and programing within the jail.
- It is not a Comprehensive Health Risk Assessment Tool (Physical /Mental Health)

Simplified Acuity Comparisons by Bed Type



ULITZER

OGARD



Building to Best Practice

- Total 4600-5060
 - Dedicated Detox Unit
 - Male Intake and Screening (point of entry) IRC
 - Female Intake and Screening (point of entry) IRC
 - High Acuity Medical Beds (CTC)
 - Urgent Care
 - High Acuity Mental Health (FIP)
 - Observation Units: High and Moderate Mental Health and Special Population
 - ADA housing

r	ULITZER
N	& ASSOCIATES, LLC
T	OGARD
	•

\sim								
Bed Distribution Comparison								
Beds	Vanir	AECOM CCTF	LASD 6/9/15 CCTF	2015 Current Recommendations	2025 Projections			
CCTF MOSH	500	512	512	600 - 700	916			
CTC Medical				160 - 180	236			
Detox				200 - 220	251			
Total Medical Beds	500	512	512	960 - 1100	1403			
CCTF FIP Licensed	60	60	60	60	96			
CCTF MH Licensable	200	180	180	180 - 200	290			
CCTF HOH Single Man Cells	600	576	864	000 000	926			
CCTF HOH Double Man Cells	200	192	0	800 - 900	308			
CCTF MOH	2200	2208	2112	2400 - 2600	3550			
Total MH Beds	3260	3216	3216	3440 - 3760	5170			
CCTF SUD Level 1, 2	400	512	0	0	0			
CCTF SUD Level 3	100	0	0	0	0			
Total SUD Beds	500	512	0	0	0			
Total Special Mgmt.	600	600	200	200	200			
CCTF Capacity	4860	4840	3928	4600-5060	6773			



CCTF Framework Recommendations

- Jail is a part of the LA County Health Care System
- Best Practice Services and CCTF are parallel activities for implementation
 - Pre and Post Custody Diversion
 - Transition into the community
 - Continuum of care with complex care management
 - Increase capacity for community services
 - Robust IT
- Need early risk assessment for total service needs
 - Evaluation tools- build and standardize
 - Evaluation process-build and standardize
- Eliminate variability across service providers
 - Assign accurate, standardized acuity descriptors for mental health
 - Exchange information
 - Outcome reporting
- Full Integration and Co-location of Medical and Physical Health



Pre -Post Admission Diversion and Transition into the Community

COMMUNITY CAPACITY AND DIVERSION



PROJECTED CCTF BED NEED 2025 Diversion Illustrations

Beds	Current Need	Projected Need	Diversion opportunity (15%)	Diversion opportunity (10%)				
CCTF MOSH	600 - 700	916	147	92				
CTC Medical	160 - 180	236	35	24				
Detox	200-220	251	38	25				
MH in Medical Beds	960-1100	1403	211	140				
CCTF FIP Licensed	60	96	0	0				
CCTF MH Licensable	180 - 200	290	44	29				
ССТГ НОН	800 - 900	1234	185	123				
CCTF MOH	2400 - 2600	3550	532	355				
Total MH Beds	3440 - 3760	5170	775	507				
Other (IRC,Disc, Transit)	0	0	0	0				
Special Management	200	200	0	0				
Total beds	4600-5060	6773	986	647				

Community Capacity Exists for Diversion at all Intercept Points in the CJ System

Additional Diversion Opportunities toward Jail Bed Need Reduction

Additional Direction Opportunities toward an Bed it	cca neaderion	
MOH to GP greater stabilization of the population	300	300
Diverting more Mentally III from the jails in the beginning	300	450
Successful community transition inmates and no recidivism	200	400
Total Number of inmates to meet delta	1786	1797

SULITZER & ASSOCIATES, LLC OGARD

Community Capacity

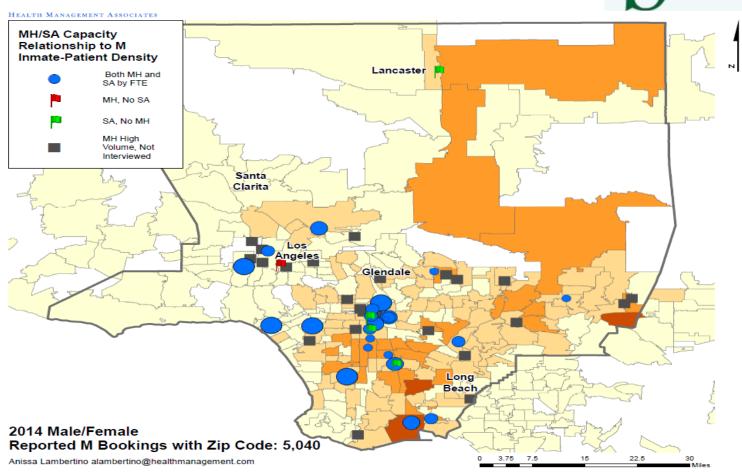
- 26 MH and/or SA Providers interviewed
- Majority SA and MH services
- Current community provider capacity is limited or met
- Competition for beds
- No immediate capacity in the jail or community for acute SMI
 - -295 acute SMI on waiting list (7/15/2015)



Community Provider Observations

- Community Partners report:
 - Willingness to expand services
 - Ability to manage complex patients
 - Need for stable funding for service expansion
- Balanced approach needs to occur that does not "push out" community patients
- Currently higher levels of care beds are full or near full

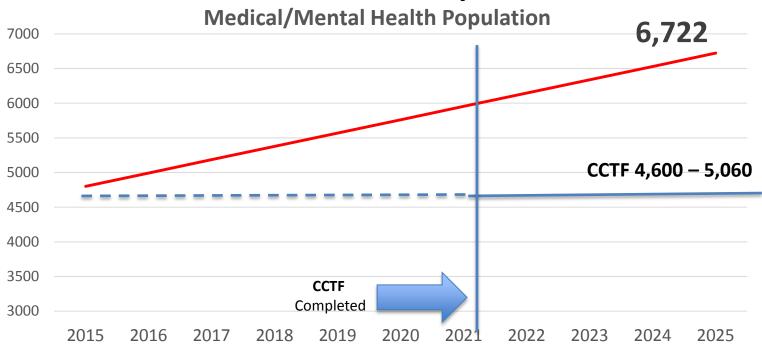




Summary Recommendations

- Move forward with the CCTF project
- Align health services to best practices throughout system
- Build an integrated IT and health information system
- Require a Continuum of Care Culture
- Integrate Physical and Mental Health Services
- Direct Additional <u>Concurrent</u> Analysis and Reporting

Without implementation of best practices bed needs will rise to 6,722 by 2025



OGARD